## MULTIPLE D NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/527333

FILING DATE

APPLICANT(S)

## **CLAIMS**

į	AS FILED		AFTER  1"AMENDMENT		AFTER 2 MANENDMENT			AS FILED		AFTER SAMENDMENT		AFT 2"AMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1 1	IND.	DEP.	IND.	DEP.		л Т
1	1						51			Tito.	DEP.	IND.	ļ.
2		<u>l'</u>					52						╀
3		入					53						ļ.
4		ત્ર					54						╀
_5		(T)					55						╀
6		<u>.</u>					56						╀
7		え					57						╀
8	<u></u>	2					58						ŀ
9		2				-	59			•			┞
10							60						ŀ
11	• • • • • • • • • • • • • • • • • • • •						61						╂╌
12		1					62						┞
13							_63		·				┢
14	···						64 .						┢
15							65				·	_	t
16							66						H
17						-	67						Ī
18	•	4					68						T
19		_2_					69						
20 21							70						
22		2	7 ( 1)	0.00			71						
23							72						
24							73						
25		1 -	·				74						L
26	•	-					75						
27							76						L
28		2					77						L
29							78	<del></del>	<del></del>				L
30		(1)	-				79						L
31	<del> </del>	2					80 81		-				L
32	<del></del> :	2				<del></del>	82						_
33		a					83						_
34		3					84						_
35		1					85	<del></del>					-
36		1					86			•			-
37		1					87					-	H
38		1		•	-		88						-
39		í				"	89	<del></del>					
40		i					90						-
41		¥					91						-
42							92						Г
43		2					93						Г
44		3			••		94						
45 ,		1					95						
46		2					96						
47							97						
40	•	j					98						
49	· ·						99	]					
50	<del>_,</del>						100						
TAL IND.		1		4		#	TOTAL IND.	2	4		4		
TAL DEP	·	4=		<b>43</b>		4	TOTAL DEP	67	4		400		•
TOTAL CLAIMS							TOTAL CLAIMS	19					1